

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
10 1							51		4					
2							52		4					
3							53		4					
4							54		4					
5							55		4					
6							56		4					
7							57		4					
8							58		4					
9	1						59		4					
10							60		4					
11							61		4					
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44		4					94							
45		4					95							
46		4					96							
47		4					97							
48		①					98							
49		4					99							
50		4					100							
TOTAL IND.	←		←		←		TOTAL IND.	4	←		←		←	
TOTAL DEP.							TOTAL DEP.	220						
TOTAL CLAIMS							TOTAL CLAIMS	224						